



## 2014 Fall Webinar Hosted by SCDCA

\_\_\_\_\_  
Date of the Webinar

Organization: \_\_\_\_\_

*I hereby certify that the below-referenced licensee(s) did in fact attend the referenced webinar in it's entirety. DO NOT INCLUDE dl #*

<i>Name of Counselor</i>	<i>Phone from which you dialed in....</i>

*You may attached an additional list to this form or copy as needed.*

Proctor's Name (print) \_\_\_\_\_ Email \_\_\_\_\_

Proctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Seal

\_\_\_\_\_  
Notary for \_\_\_\_\_

My Commission Expires \_\_\_\_\_, \_\_\_\_\_